



Scholarship Packet

Office of Advancement
P.O. Box 10
Melbourne, AR 72556

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

- Complete an Ozarka College application for admission and admission requirements or be a current Ozarka student.
- Fill out a FAFSA (Free Application for Federal Student Aid) form.
- Submit this completed scholarship application to the Office of Advancement., including essay statement.
- Fulfill any additional criteria or requirements of the particular scholarship for which you are applying, including enrollment as a full-time Ozarka student in good standing.

Application Deadlines

March 1st for Fall term

October 1st for Spring term

Ozarka offers various scholarship assistance programs provided by the Ozarka College Foundation (*all scholarships are distributed annually on a funds available basis*).

Students who are eligible for multiple scholarships from Ozarka (Ozarka Academic Excellence, Ozarka Ambassador of the Year, Ozarka Regional Scholarship, PBL Leadership Scholarship, etc.) may be awarded only one of these. Scholarships awarded by the state of Arkansas, civic clubs, area businesses, etc., are not subject to this provision. For a complete list of available scholarships, students may contact the Advancement Office or the Financial Aid Office (1-800-821-4335).

Scholarship Application



SEMESTER: Fall Spring **YEAR:** 20__
Please circle semester and mark year for which you are requesting a scholarship.

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET OR PO BOX)

(CITY) (STATE) (ZIP CODE) (COUNTY)

COUNTY OF RESIDENCE: _____

TELEPHONE: _____ **CELL:** _____

EMAIL: _____

I.D. NUMBER _____ **DATE OF BIRTH:** ____/____/____
(Social Security #)

ACT COMPOSITE: _____ **CLASS RANK:** _____ out of _____ **GED SCORE:** _____
(IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE)

PLACE OF EMPLOYMENT: _____

HIGH SCHOOL: _____ **GRADUATION DATE:** _____
(IF APPLICABLE)

MAJOR/INTENDED AREA OF STUDY: _____

I give Ozarka College permission to release my information to area media. **Initials** _____

Signature

**Please refer to the Ozarka College
Catalog for specific information on
available scholarships.**

Scholarship News Release Form

*****PLEASE email DIGITAL PHOTOS to mcarpenter@ozarka.edu**
If using a printed non-digital photo, please attach it to this form. If you have any questions, please contact Molly Carpenter at 870-368-2045 or at the above email.

STUDENT NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

COLLEGE PLANS / MAJOR: _____

ACTIVITIES / ORGANIZATIONS:

AWARDS / HONORS:

LOCAL NEWSPAPER NAME & ADDRESS: _____

ADDITIONAL COMMENTS: _____

For High School Student Applicants:

HIGH SCHOOL ATTENDED: _____

PARENTS' NAMES: _____

Use this page and/or additional pages to discuss how a scholarship from Ozarka College will benefit you, provide a statement of your educational goals and what qualifies you for the scholarship program.